

GAU SIGN UP FORM FOR PICKING YOUR HEALTH CLINIC

Your health care will be through the Community Health Plan of Washington (CHPW), starting next month. You need to pick a health clinic now or one will be assigned to you.

Please look at the list of CHPW clinics and pick one you want to go to for all your health needs. You will be assigned to this clinic if possible.

1. NAME	2. DATE OF BIRTH	3. SOCIAL SECURITY NUMBER
4. ADDRESS	CITY	ZIP CODE
TELEPHONE NUMBER	MESSAGE TELEPHONE NUMBER	5. ARE YOU HOMELESS? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. What Clinic and Doctor would you like to have?		
CLINIC	DOCTOR	
SIGNATURE	DATE	

DSHS 13-754 (06/2005)

FAX TO: CHPW Eligibility at 206-521-8834

**You will be enrolled in the clinic you choose and get the doctor you choose IF POSSIBLE.
Check your CHPW ID card next month to see if you got your choice, or call 1-800-440-1561.**